Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.							
KUNUK	Complete if Known						
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					09/445,304		
FEE TRANSMITTAL			Filing Date		December 6, 1999		
					Shiro Fujieda		
For FY 2005			Examiner Name V. M. Kibler				
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	2623			
TOTAL AMOUNT OF PA	Attorney Docket No. K0600.0208/P			208			
METHOD OF PAYMENT (check all that apply)							
Check X Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
X Charge any additional fee(s) or any underpayment of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
,			ARCH FEES	EXAMIN	IATION FEES		
Application Type	Fee (\$)	<u>Small Entity</u> <u>Fee (\$) Fee (\$</u>	Small Entity (5) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pa	aid (\$)
Utility	300	150 500	250	200	100		
Design	200	100 100	50	130	65		
Plant	200	100 300	150	160	80		
Reissue	300	150 500	250	600	300		
Provisional	200	100 0	0	0	0		
2. EXCESS CLAIM FEES	3					Fee (\$)	Small Entity
Fee Description							<u>Fee (\$)</u>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.							100
Multiple dependent claims Total Claims For Point (\$) Multiple D						360	180
I ———				Multiple Dependent Claims Fee (\$) Fee Paid (\$)			
5568 =	x	=		FE	ie (2)	ee Falu (\$)	
Indep. Claims Ext	ra Claims F	ee (\$) Fee l	Paid (\$)				_
12 - 9 =			00.00				
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)							
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
Total Sheets	Extra Sheets	/50				<u> </u>	aiu (ֆ)
/50 (round up to a whole number) x = 4. OTHER FEE(S)							
Request for Continued Examination 790.00							
Ext. of: Time						120.00	
SUBMITTED BY	ad CON	look -	Registration No.	31,063	Telephone	(202) 828	R_4870
Signature	e co	F	(Attorney/Agent)	31,003			
Name (Print/Type) Stephe	n A. Soffen				Date [December	20, 2004